



*A District Branch of the  
American Psychiatric Association*

**Connecticut Psychiatric Society**

**Statement on**

**Raised Bill 6517 – An Act Implementing the Recommendations of the Legislative Program Review  
and Investigations Committee Concerning the Insurance Department's Duties, Mental Health  
Parity compliance and the External Review Application Process**

**Program Review and Investigations Committee**

**March 7, 2013**

This statement is being submitted on behalf of the nearly 800 members of the Connecticut Psychiatric Society in support of Raised Bill 6517 - An Act Implementing the Recommendations of the Legislative Program Review and Investigations Committee Concerning the Insurance Department's Duties, Mental Health Parity Compliance and the External Review Application Process.

A recent report by the Program Review & Investigations Committee found that although the Connecticut Insurance Department (CID) is charged with, among other things, reviewing health policies' compliance with all applicable state and federal laws, including mental health parity, it does not check for qualitative treatment compliance (i.e. whether step-care or fail-first requirements are included in policies and if they are, whether these restrictions are clinically appropriate or based on reasonable and allowed processes). The bill before you would change that to require that CID select, implement and then utilize a method to check for compliance with state and federal mental health parity laws. This change would greatly enhance the implementation of federal and state Mental Health Parity laws. CID would now check for both quantitative and qualitative compliance for behavioral health services and treatments thereby helping to make sure that mental health patients are getting the amount of care and quality of care that they deserve.

Beginning with Connecticut's 1999 parity law and continuing with Wellstone Domenici Mental Health Parity and Addiction Equity Act of 2008, more attention has been paid to the treatment of mental illness. However,

there is still a long way to go to make sure that mental illnesses are treated and care is compensated in a manner equal to other illnesses both in quantity and quality.

The insurance process is often a difficult and bureaucratic nightmare especially for those who do not know the "system". Most people never appeal a denial because they either don't know about the process or can't figure it out. Those who do appeal often complete countless forms and paperwork, jump through hoops to comply with requirements, and then are left bewildered and disgruntled. Instead of focusing on getting well, they are worried about securing coverage for their care. Giving CID the authority to review qualitative care will help to make sure that patients are getting the care that they deserve and that they and their employers have paid for. It is important to remember that mental illnesses are real and can be effectively treated and patients who suffer from them deserve to have their treatment covered by health plans.

**For more information, please contact:**

**Jacquelyn Coleman, Executive Director**

**Carrie Rand, Lobbyist**

**860-243-3977**